

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

ADDRESS (number and street)

2155 HIGHWAY 42 SOUTH

Check if different
than previously
reported. (ACC)

MCDONOUGH

GA

30252

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00265546

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DIANA RENEE DIXON

Signature of Treasurer

Electronically Filed by DIANA RENEE DIXON

Date

01

07

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		30116.71
(b) Cash on Hand at Beginning of Reporting Period	71866.68	
(c) Total Receipts (from Line 19)	27751.35	86231.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99618.03	116347.83
7. Total Disbursements (from Line 31)	16291.32	33021.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83326.71	83326.71
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27751.35	86131.12
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27751.35	86231.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27751.35	86231.12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27751.35	86231.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27751.35	86231.12

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	4979.55	4979.55	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	11311.77	28041.57	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16291.32	33021.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16291.32	33021.12	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27751.35	86231.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27751.35	86231.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)

SOUTHERN STATES P.B.A., INC.

Mailing Address 2155 HIGHWAY 42 SOUTH

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

66424.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	9

Transaction ID: SA11AI.12523

Amount of Each Receipt this Period

9561.42

*\$.50 PER MEMBER PER MONTH

B.

Full Name (Last, First, Middle Initial)

SOUTHERN STATES P.B.A., INC.

Mailing Address 2155 HIGHWAY 42 SOUTH

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

75390.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	9

Transaction ID: SA11AI.12524

Amount of Each Receipt this Period

8966.64

*\$.50 PER MEMBER PER MONTH

C.

Full Name (Last, First, Middle Initial)

SOUTHERN STATES P.B.A., INC.

Mailing Address 2155 HIGHWAY 42 SOUTH

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

84614.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11AI.12525

Amount of Each Receipt this Period

9223.29

*\$.50 PER MEMBER PER MONTH

SUBTOTAL of Receipts This Page (optional)

27751.35

TOTAL This Period (last page this line number only)

27751.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)

JOHN BELL

Mailing Address 43145 VALIANT DR

City
CHANTILLYState
VAZip Code
20152Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 13

Transaction ID: SB29.12595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM BOLLING

Mailing Address PO BOX 8205

City
RICHMONDState
VAZip Code
23226Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CHUCK CAPUTO

Mailing Address 12304 WESTWOOD HILLS DR

City
HERNDONState
VAZip Code
20171Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 67

Transaction ID: SB29.12597

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)

WILLIAM CARROLL

Mailing Address 245 SOUTH BROAD ST

City MOBILE State AL Zip Code 36603

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12598

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

R CREIGH DEEDS

Mailing Address PO BOX 11658

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12603

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

ADAM EBBIN

Mailing Address 181 E REED ST
#402

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12605

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)

DAVID ENGLIN

Mailing Address 1505 WAYNE ST

City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SCOTT GARRETT

Mailing Address 418 NEW BRITAIN DR

City
LYNCHBURGState
VAZip Code
24503Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12607

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CHARNIELE HERRING

Mailing Address 715 NORTH ASHTON ST

City
ALEXANDRIAState
VAZip Code
22312Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12613

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

08 / 14 / 2009

500.00

500.00

500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A. Full Name (Last, First, Middle Initial) LYNDON PETERS	Transaction ID: SB29.12622 Date of Disbursement																				
Mailing Address 1309 NORTH DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	9												
City MOBILE State AL Zip Code 36605	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DAVID POISSON	Transaction ID: SB29.12623 Date of Disbursement																				
Mailing Address 20756 EASTLAKE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
City STERLING State VA Zip Code 20185	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 32	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JENNIFER ROBINSON	Transaction ID: SB29.12624 Date of Disbursement																				
Mailing Address 106 CHERTSEY CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	9												
City CARY State NC Zip Code 27519	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)

STEPHEN C SHANNON

Mailing Address PO BOX 1143

City
VIENNAState
VAZip Code
22183Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12625

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JACK SMITH

Mailing Address 104 CRICKET LN

City
CARYState
NCZip Code
27518Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12629

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

AARON TWEEDIE

Mailing Address 1871 WARDENSVILLE PIKE

City
STAR TANNERYState
VAZip Code
22654Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 29

Transaction ID: SB29.12630

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

11300.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND		FEC IDENTIFICATION NUMBER ▼ C C00265546	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	
Mailing Address 7505 WARWICK BLVD		Amount 550.00	
City State Zip Code NEWPORT NEWS VA 23607		Transaction ID: SE.12581	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM ADAMS, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2009	
2229.55			
Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	
Mailing Address 7505 WARWICK BLVD		Amount 550.00	
City State Zip Code NEWPORT NEWS VA 23607		Transaction ID: SE.12582	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEION WARD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2009	
2779.55			
(a) SUBTOTAL of Itemized Independent Expenditures		1100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
DIANA RENEE DIXON Signature		Date M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND		FEC IDENTIFICATION NUMBER ▼ C C00265546	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	
Mailing Address 7505 WARWICK BLVD		Amount 550.00	
City State Zip Code NEWPORT NEWS VA 23607		Transaction ID: SE.12583	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GLEN ODER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3329.55		2009	

Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	
Mailing Address 7505 WARWICK BLVD		Amount 550.00	
City State Zip Code NEWPORT NEWS VA 23607		Transaction ID: SE.12584	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GORDON HELSEL, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3879.55		2009	

(a) SUBTOTAL of Itemized Independent Expenditures	1100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DIANA RENEE DIXON

Signature

Date

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND		FEC IDENTIFICATION NUMBER ▼ C C00265546	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	
Mailing Address 7505 WARWICK BLVD		Amount 550.00	
City State Zip Code NEWPORT NEWS VA 23607		Transaction ID: SE.12585	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PHILLIP HAMILTON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4429.55		2009	
Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9	
Mailing Address 7505 WARWICK BLVD		Amount 550.00	
City State Zip Code NEWPORT NEWS VA 23607		Transaction ID: SE.12592	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MAMYE BACOTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4979.55		2009	
(a) SUBTOTAL of Itemized Independent Expenditures		1100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
DIANA RENEE DIXON Signature		Date M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND		FEC IDENTIFICATION NUMBER ▼ C C00265546	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE PRESS REGISTER		Date M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 9	
Mailing Address 906 CONVENT ST		Amount 559.85	
City State Zip Code PASCAGOULA MS 39567		Transaction ID: SE.12533	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM CARROLL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 559.85		2009	
Full Name (Last, First, Middle, Initial) of Payee THE PRESS REGISTER		Date M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 9	
Mailing Address 906 CONVENT ST		Amount 559.85	
City State Zip Code PASCAGOULA MS 39567		Transaction ID: SE.12535	
Purpose of Expenditure ADVERTISEMENT		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LYNDON PETERS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1119.70		2009	
(a) SUBTOTAL of Itemized Independent Expenditures		1119.70	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
DIANA RENEE DIXON Signature		Date M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee THE PRESS REGISTER			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	
Mailing Address 906 CONVENT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">559.85</div>	
City State Zip Code PASCAGOULA MS 39567			Transaction ID: SE.12536	
Purpose of Expenditure ADVERTISEMENT			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CONNIE HUDSON			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2009	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1679.55</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">559.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4979.55</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
DIANA RENEE DIXON Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 7</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>